

## **Workers' Compensation Disfigurement Benefits**

Colorado law provides for a claimant to be paid benefits if a claimant has a scar or other disfigurement due to an industrial injury or occupational disease. Section 8-42-108 C.R.S. A claimant is entitled to an award for disfigurement of up to \$2,000 if he or she has a serious and permanent scar or other disfigurement to an area of the body normally exposed to public view. "Permanent" usually means that the scar or disfigurement exists at least six months after the date of the injury or last surgery, or that a physician has determined that the claimant has reached maximum medical improvement. "Public view" means that the scar or disfigurement is visible when the claimant is wearing a swimsuit.

If the claimant believes that an award for disfigurement is appropriate in his or her claim, and no further surgery is anticipated, the claimant should contact the insurer (or employer if there is no insurer) and request payment of disfigurement benefits. If the claimant and insurer are unable to agree on the amount of the disfigurement benefit, the claimant may request that an Administrative Law Judge determine the amount of the disfigurement benefit.

A party may have an Administrative Law Judge determine the amount of additional compensation due to a claimant for disfigurement as follows:

**A. By Photograph:** A party may submit a Request For a Disfigurement award to the Division of Administrative Hearings. The request shall be accompanied by a photograph or photographs clearly showing the disfigurement and the face of the claimant. The back of the photographs shall be signed by the claimant and state the date the photograph was taken. The date the photograph was taken must be at least six months after the date of the injury or surgery, or after the date of maximum medical improvement. The signature of the claimant is the claimant's certification that the photograph accurately depicts the disfigurement on the date the photograph was taken. A copy of the request, and a copy of the photographs, shall be provided to all opposing parties. Any party may request reconsideration of a disfigurement award by photograph by filing, within twenty days of the date of the certificate of mailing of the disfigurement award, an Application for Hearing listing disfigurement as an issue. If such an application is filed, the disfigurement award will be withdrawn and vacated.

**B. At a Hearing:** A party may file an Application for Hearing with the Division of Administrative Hearings listing disfigurement as an issue. If disfigurement is the only issue listed, the hearing shall be set 30 to 60 days after the date of the setting.

If you have any questions please call the Division of Administrative Hearings at 303 764-1400.

COLORADO DEPARTMENT OF PERSONNEL AND ADMINISTRATION  
DIVISION OF ADMINISTRATIVE HEARINGS

W.C. \_\_\_\_\_

S.S. Number: \_\_\_\_\_

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**REQUEST FOR A DISFIGUREMENT AWARD**

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*In the Matter of the Workers' Compensation Claim of:*

\_\_\_\_\_  
*Claimant,*

vs.

\_\_\_\_\_  
*Employer,*

\_\_\_\_\_  
*Insurer, Respondents.*

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I was injured as the result of an industrial injury or occupational disease that occurred

on \_\_\_\_\_ (date). I have a serious permanent disfigurement to  
an area of my body normally exposed to public view. The disfigurement is to my

\_\_\_\_\_  
(parts of body disfigured that are normally exposed to public view). The injury occurred  
at least six months ago, or my authorized treating physician has placed me at maximum  
medical improvement. I have attached photographs that clearly show the disfigurement,  
and have dated and signed the back of each photograph.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Claimant)

Address and Phone Number:

(A copy of this completed form and a copy of the photographs must be delivered or mailed to the Respondent-Insurer. The original form with the photographs and any other attachments should be delivered or mailed to the nearest office of the Colorado Division of Administrative Hearings.)

### CERTIFICATE OF MAILING OR DELIVERY

A copy of this Request for a Disfigurement Award was mailed or delivered on

(date) \_\_\_\_\_ to the Division of Administrative Hearings at (mark one):

<input type="checkbox"/> Division of Administrative Hearings	<input type="checkbox"/> Division of Administrative Hearings	<input type="checkbox"/> Division of Administrative Hearings
1120 LINCOLN ST. STE 1400	222 SOUTH 6TH ST, STE 414	1259 LAKE PLAZA DR, STE 210
DENVER CO 80203	GRAND JUNCTION CO 81501	COLO SPRINGS CO 80906

And to the Respondent-Insurer at:

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(signature)